

Case Number:	CM13-0040749		
Date Assigned:	12/20/2013	Date of Injury:	01/11/2004
Decision Date:	12/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and toe pain reportedly associated with an industrial injury of January 11, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated September 30, 2013, the claims administrator denied a request for a TENS unit with supplies. The claims administrator invoked a variety of MTUS and non-MTUS guidelines, including Third Edition ACOEM Guidelines, ODG Guidelines, and the now-outdated, now-renumbered MTUS 9792.20e. The applicant's attorney subsequently appealed. In a December 29, 2011 progress note, the applicant reported ongoing complaints of foot and toe pain. The applicant apparently had toes which were cool to the touch. The applicant stated that Voltaren gel had helped. The applicant was given a sample of Voltaren gel. It was stated that the applicant should obtain a TENS unit and/or associated supplies. The applicant's work status was not furnished. No other progress notes were seemingly endorsed, including the August 27, 2013 progress note which the claims administrator stated the article in question was sought on. In a handwritten September 6, 2013 prescription form/request for authorization (RFA) form, the attending provider did seek authorization for the TENS unit in question with associated supplies. However, no narrative commentary and/or progress notes were attached.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS Unit with Supplies for purchase directed to the Foot for Home Use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, there was/is no evidence that the applicant had previously undergone a successful one-month trial of the TENS unit in question before a request to purchase the same was made. While it is acknowledged that the progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.